Request for Certified Copies of Birth, Marriage and Death Certificates

Bangor City Clerk's Office, 73 Harlow Street, Bangor ME 04401 \$15.00 for the first copy and \$6.00 for any additional copies purchased at the same time.

| BIRTH CERTIFICATES: | | | | |
|---|------------------------------|------------------------|-----------|-------------|
| Full Name on Certificate: | First Name | Middle Name | Last Name | |
| Date of Birth: | | | | |
| Parent A Full Name: | First Name | Middle Name | Last Name | Maiden Name |
| Parent B Full Name: | riist ivaine | wilddie Ivanie | Last Name | Maiden Name |
| Farent B run Name: | First Name | Middle Name | Last Name | Maiden Name |
| MARRIAGE CERTIFICAT | ΓES: | | | |
| Full Name of Party A: (maiden name if applicable) | First Name | Middle Name | Last Name | |
| Full Name of Party B: (maiden name if applicable) | First Name | Middle Name | Last Name | |
| Date of Marriage: | | | | |
| DEATH CERTIFICATES: | | | | |
| Full Name of Deceased: | First Name | Middle Name | Last Name | e |
| Date of Death: | | | | |
| Information Pertaining to the Pe | erson Requesting | the Certificate | | |
| Indicate your Relationship to the F Self Guardian Registered Domestic Partner Other | | | | |
| Applicant's Name: (Please Print) | | | | |
| Applicant's Address: | | | | |
| Applicant's Telephone Number: | | | | |
| Number of Copies Requested: By signing below, I swear/affirm the | hat the informatio | n above is true and co | rrect. | |
| Applicant's Signature: | t's Signature: Today's Date: | | | |

FOR MUNICIPAL CLERK'S USE ONLY

Proof of Identity of Applicant:

Applicant must provide one of these:

| _ | |
|---------|---|
| | Driver's License |
| | Passport |
| | Government issued picture I.D. |
| | OR two of these: |
| | Utility bills |
| | Bank statements |
| | Vehicle registration |
| | Income tax return / W2 |
| | Personal Check w/ address |
| | A previously issued vital record |
| | Letter from government agency requesting record (DHHS, WIC) |
| | Department of Corrections I.D. card |
| | Social Security Card |
| | DD 214 |
| | Hospital; birth worksheet |
| | License/rental agreement |
| | Pay stub |
| | Voter Registration card |
| | Disability award from SSA |
| | Medicare or Medicaid Card |
| | School or Employee Photo I.D. |
| | Other (items that include the name, address and date of birth): |
| | In order to establishing eligibility to acquire record: |
| | |
| | Related applicants must provide proof of lineage, plus ID. |
| | Domestic Partners must provide proof of registration of domestic partnership, plus I.D. |
| | A spouse must provide proof of marriage, plus I.D. |
| | Attorneys must provide a signed, notarized release from family, plus I.D. |
| | Genealogists must provide a state-issued card, plus I.D. |
| | Government entities must provide written request of agency letterhead, plus I.D. of requester |
| | |
| | Do not retain copies of proof provided or note any specific numbers |
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| | |
| Clerk's | Initials: # Copies Issued: Amount Paid: Date Issued: Cash |